

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2013  
FORM APPROVED  
OMB NO. 0938-0391

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|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>151544</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/23/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HARBOR LIGHT HOSPICE</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1841 E SUMMIT ST</b><br><b>CROWN POINT, IN 46307</b>                         |                            |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| L 000   | <p>INITIAL COMMENTS</p> <p>This was a Federal and State hospice complaint survey.</p> <p>Complaint # IN00134853 - Unsubstantiated: Lack of sufficient evidence.</p> <p>Facility number: 9088.</p> <p>Survey dates: August 22, 23, 1013.</p> <p>Medicaid vender number: 200121780A.</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Harbor Light Hospice was found to be in compliance with IC 16-15-3 and the Conditions of Participation 42 CFR 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services and 418.106 Drugs and Biologicals, Medical Supplies, and Durable Medical Equipment as related to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>August 28, 2013</p> | L 000  |  |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.